

County of Los Angeles - Department of Mental Health  
Professional Social Workers Association

# Rising Star

## NOMINATION FORM

***Rising Star*** – may be new to DMH but is: an inspiration to colleagues; contributes to the community and/or the field of social work; is accountable; and is an asset to the Department and its mission.

\* Please use the format provided below for any nomination submission. No other formats will be accepted.

Nominee Name:

Nominator:

Payroll Title:

Payroll Title:

Program:

Program:

Phone:

Phone:

Summarize the nominees qualifications for the award:

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Summarize contributions of the nominee:

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What professional and personal qualities stand out most about the nominee?

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Please complete this form and return via:

Email: [PSWA@dmh.lacounty.gov](mailto:PSWA@dmh.lacounty.gov)

With the subject heading **NOMINATION**

**DEADLINE: Wednesday, January 16, 2013**